



Title: Theorising everyday life after acquired brain injury.

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# Theorising everyday life after Acquired Brain Injury

## Abstract

This paper provides a conceptual argument for the sociological analysis of the everyday experiences of disabled people through the example of acquired brain injury (ABI) survivors. Most research concerning ABI has been carried out within a medical framework. This paper adds a new dimension to research concerning ABI, and indeed, to my knowledge, is the first to explore a long-term, interdisciplinary view of both ABI and neurological rehabilitation. This paper sets out how the use of critical sociological theory can provide thorough analyses of disabled people's experiences that are free from the prejudgement of traditional discourses.

Key words: Acquired brain injury; rehabilitation; sociology; everyday life; critical theory

## Points of interest:

- The everyday experiences of disabled people are central to an understanding of disability and impairment.
- Analyses of disabled people's experiences provides context and highlights the variation in the experiences and identities of disabled people.
- Sociological analyses of disabled people's lives permit a critical investigation of institutional practices such as rehabilitation.
- Sociological analyses of ABI survivors' experiences can stimulate a positive understanding of disability.

## Introduction

Acquired Brain injury (henceforth ABI) and neurological rehabilitation following ABI has been intensively investigated from a medical perspective (Gill 2012; DoH 2005; Saatman et al. 2008; Turner-Stokes et al. 2005). However, the everyday life-worlds of ABI survivors, and their experiences after neurological rehabilitation remain chronically underexplored. I investigate the potential of a different understanding. A different understanding is reached by performing a careful, sociological analysis of the everyday experiences of ABI survivors to promote a clearer understanding of what it means to live as an ABI survivor.

A careful analysis of the everyday experience of ABI survivors can shed light on the overarching assumptions within which social relations are conducted. Titchkosky (2003) highlights the relevance of theorising the everyday activities of disabled people when she states:

‘Each of us lives with images of disability, and all of us have something to say *about*, and sometimes to, disabled people. These experiences ... lead to my general lack of concern for methodologically generating data whilst tenaciously pursuing an analysis of even the most mundane experiences of disability. Despite the plethora of disability experiences there is something that remains common. The experience of disability, any experience, can teach us much about the organisation of culture and the formation of our self-understanding.’ (Titchkosky 2003: 42)

Within recent years there has been a call for studies that promote an understanding of the lived experience of disability (Gibson et al. 2010; Gibson et al. 2012; Gibson and Teachman 2012; Goodley 2007; Roets 2009). Analyses of life experiences promote greater understanding of what it means to be disabled. From analyses of everyday lives can come a view of disability which is not generated from societal (mis)conceptions. In other words, experiences of disability are not prejudged (for example as being positive or negative). Rather, a sophisticated understanding of disabled people's lives can emerge which is drawn from the experience of being a disabled person. The absence of the experiences of disabled people becomes all the more problematic when viewed alongside the opinion that suggests:

‘oppressed social locations create identities and perspectives, embodiments and feelings, histories and experiences that stand outside of and offer valuable knowledge about the powerful ideologies that seem to enclose us’ (Siebers 2008: 8).

Applying theory to disabled people's experiences promotes sophisticated understanding of what disability and impairment mean (Goodley et al. 2012; Siebers 2008; Titchkosky 2003). Sociological theory acts as a powerful prism through which to view disabled people's experiences. Accounts of the lived experience of disability are far less impactful when they are not analysed and put into context (Sherry 2016). Therefore, it could be argued that under theorised accounts of disabled people's experiences result in a superficial understanding of disability and impairment. This is a weak understanding that is reliant on brute (largely medical) description of disability and impairment.

In what follows, I investigate the use of critical theory in the development of critical disability studies before applying this critical theory to the institutional practice of rehabilitation. I conclude by suggesting how the use of critical theory as an analytical tool can prompt a (re)imagining of the potential of disabled people's experiences.

## **Sociological theory**

Sociological theory has traditionally had a somewhat difficult relationship with disability studies as disability and disabled people's experiences have been classified by sociologists as an offshoot of medical sociology (Thomas 2012). Further, due to its association with medical sociology,

it could be suggested that a sociological understanding of disability and impairment has historically viewed disability through a 'social deviance' lens. In viewing disabled people as 'socially deviant individuals' (Turner 1987: 2) sociological analyses of disabled people's lives have been at odds with the political foundations of disability studies which highlight the oppressive construction of society. This trend has been continued in contemporary debates in disability studies which question the existence of the 'normal' human (Goodley 2011, 2013, 2014).

The sociological theory of Deleuze and Guattari (1987/2004) and Rosi Braidotti (1991, 2003, 2006, 2011a, 2011b; 2013) is an example of how sociological theory can promote an understanding of disabled people which focuses on disabled people as being 'oppressed' rather than 'deviant'. The theories of Deleuze and Guattari and Braidotti have been said to be useful in achieving an understanding of health identities by examining the relationship between self, body and society (Fox and Ward 2008). A progressive theorisation of disability emerges through the use of such theory; one which highlights the way life is a constantly mobile, nomadic entity (Scambler 2012). Deleuze and Guattari and Braidotti describe life as an entity that refuses to lie still; people never passively accept their fate. Rather, lives are lived in a wholly mobile way and are constantly in motion.

The work of Braidotti extends that of fellow critical theorists Deleuze and Guattari (1987/2004). Braidotti's work has been said to address the difference between 'a deconstructive anti-humanist stance and an affirmative post-humanist turn' (Vandekinderen and Roets 2016; 1). For Braidotti the human is characterised by the multiple assemblages that are engaged with on a daily basis. An engagement with the writings of Braidotti enables a vision of the lives of ABI survivors which considers the relevance of notions of dependence, independence and interdependence. Rather than relying on dominant ways of thinking which unproblematically link dependence to notions of lack, a Braidottian theorisation highlights the role of giving and receiving care and support in the lives of ABI survivors. The relationship with others is understood not as a way of achieving independence, but rather as a reciprocal and wholly fluid arrangement in which ABI survivors are actively engaged. There are times when the relationships of ABI survivors seem to be characterised by their *dependence* on others. Help, care, support and so on are changeable features of their lives which often evidence notions of reciprocity, rather than furthering traditional polarised notions of care receiving versus care giving. This is an important departure from literature that conveys that the lives of ABI survivors are characterised by a quest for *independence*. Rather, life after ABI is conceptualised as a journey of perpetual becoming; lives that refuse to lie still and accept their fate. It is a journey that emphasises the reciprocity of care and support. Being an ABI survivor does not indicate that the survivors are always in receipt of care and support. Braidotti's use of the notions of becoming or nomadism carry particular significance concerning the lives of those who acquire an impairment since the focus is shifted away from what they may *be* and shifted towards a vision of potential and what *the future may hold*. Experiencing brain injury constitutes a change or a 'rupture' (Zittoun 2004: 131) in a person's life. It has been stated that:

'Transitions that follow such ruptures, offer a window on processes of change at the level of skill acquisition, identities and also meaning construction' (Zittoun 2004: 131).

Regarding change or 'rupture' in this way allows an affirmative conceptualisation of the identity of brain injury survivors as it remains open to the possibility of 'skill acquisition' and 'meaning construction'. There is little doubt that the fleshy, corporeal aspects of disability are important. However, so is thinking through societal responses to disability and impairment such as

the labelling process. Within a sociological consideration of disability, the focus of attention may shift from the biological, medical and absolute, to the shaky, subjective and unpredictability of lived experience. A sociological theorisation of the everyday lives of ABI survivors appreciates that survivors' lives can be characterised by unexpected and unpredictable events. The lives of the ABI survivors are suddenly altered by a brain injury. This does not mean that their experiences should be forever viewed through a medical lens which highlights how they differ from the 'norm'. I suggest that a perspective which emphasises the breadth of experiences of ABI survivors is needed. A lack of theoretical analyses of experiences of ABI results in an under-appreciation of the heterogeneity of the lives of ABI survivors. Experiences of life after ABI differ along axes of age, gender, sexuality, race and geographical position (Sherry 2016). For example, a gender-focussed discussion of male ABI survivors may examine the gender specific aspects of ABI survivors' lives and highlight the way disabled men living with long term conditions are often considered as beyond the bounds of masculinity (Abbot et al. 2015), despite striving for a normative male identity (Gibson et al. 2013). Further, an investigation of ABI survivors' lives should not be dictated by a fixed stage in the rehabilitation process, but rather should be allowed to develop (Mercieca and Mercieca 2010, Mercieca 2011) in response to the experiences of each individual ABI survivor. When viewed through an impairment-focussed lens, the 'powerful ideologies' that dominate our societies and institutions (such as rehabilitation units) remain outside of the realms of scholarly critique. A sociological analysis of ABI survivors' lives enables institutions (such as rehabilitation units) to be interrogated. This is important as it relocates the focus of critique away from ABI survivors themselves. The focus is transposed onto the characteristics and workings of institutions and societies rather than on the way disabled people deviate from the 'norm' and how they are 'broken'. Further, life is to be viewed as a mobile entity and failure to recognise the fluidity of human life is a failing of society rather than the fault of 'deviant individuals' who do not conform with the construction of society. Using this theory as a tool to understand the experiences of ABI survivors emphasises the dynamic and fluid nature of all life and prompts a more positive view of lives that are often seen as putatively 'damaged'.

I now conduct an exploration of some of the reasons that I, as an ABI survivor, am well positioned to engage in a discussion about identity after ABI, including a critical interrogation of rehabilitation practices.

## **Positionality**

I am an ABI survivor. In April 2003 I sustained a severe traumatic brain injury which resulted in a lengthy stay in hospital and an eight-month period of neurological rehabilitation. At the time, I was studying for a degree in Physiotherapy, and had engaged in many clinical placements as a trainee Physiotherapist. Gayle Letherby (2003, 2012) has argued for a theorised subjectivity which is defined as 'a reflexive approach that acknowledges the significance of both intellectual and personal auto/biography of researchers and of respondents' (Letherby et al. 2012: 90). Within this 'theorised subjectivity' then, the reasons for knowledge production and the subjective standpoint of the researcher are thoroughly investigated. The personal biography of the researcher becomes an integral part of the research. My personal biography allows me to amalgamate the intertwining aspects of my identity as: a survivor of a brain injury; as a researcher; as an advocate for ABI survivors; as (name). I identify as neither an impartial 'objective' outsider, nor a bias-laden, all knowing 'insider'. Embracing the multiple subject positions that I have assumed during my life, has added to my ability to critically analyse everyday life experiences following brain injury. An engagement with the everyday details of disabled people's lives and offering a sociological analysis is crucial if dominant discourses that homogenise impairment are to be disturbed.

The process of gathering experiences to analyse and disrupt dominant social processes and enacting a thorough investigation of the juncture between personal accounts and wider social issues was deemed essential following the work of C. Wright Mills (1959/2000). Indeed, it was highlighted in *'The Sociological Imagination'* (1959/2000) that everyday experience can reveal much about the way society is structured (Mills 1959/2000). Furthermore, Peter L. Berger also contends that the gathering of everyday experiences illuminates and promotes a clearer understanding of the macro structures that largely define social life (Berger et al. 1991). Within sociological literature, it would seem then, that an engagement with everyday experiences can work as a mode of resistance which stimulates a departure from dominant discourses that discount and homogenise the uniqueness of individual accounts. Empirically demonstrating how analyses of the experiences of ABI survivors' lives adds a new dimension to the study of everyday life, furthers understanding of the social world.

### **Identity (re)construction and experiences of disability**

With regard to the construction of identity following serious illness or disability, there has been criticism of research which focuses solely on the workings of society in isolation at the expense of the experiences of people who experience serious illness or disability. It has been suggested that this only serves to reinforce discourses which depict individual people as passive victims of the workings of society in health care institutions (Williams 2003), rehabilitation institutions (Sullivan 2005), or of a disabling society (Watson 2012). I would add that a failure to thoroughly explore everyday, seemingly mundane activities has led to an unconscious acceptance of the dominant (medical) ideologies or discourses in society which homogenise individual experience by suggesting how things *should* be.

Life experiences play an important part in the on-going development of care services. In all areas of health care, the critical analysis of the experiences of health care recipients has been advocated (Bury 2001). I now suggest some of the ways that sociological analyses of ABI survivors' experiences can add to UK critical disability studies.

### **Promoting sociological understandings of ABI survivors' lives within UK critical disability studies**

Critical disability studies have been said to be concerned with 'developing nuanced theoretical responses [to factors which sustain the] structural, economic and cultural exclusion of people with sensory, physical and cognitive impairments' (Goodley 2013b: 631) in society. Critical disability studies therefore offer a thorough, interdisciplinary toolkit which help in understanding disability. It would seem to follow that in order to develop thorough, nuanced and theoretical understandings of disability, investigations of disability that are enacted as critical disability studies would include a sociological element. The early insights that stimulated the creation of the social model of disability were borne from understandings of the experiences of being a disabled person (Hunt 1966) and how society needed to appreciate these experiences. Sociological analyses of being disabled have the potential to permit the engagement of the diverse and subjective nature of life. In other words, when accounts of disabled people's experiences are analysed according to a sociological framework they show the varied and sometimes unexpected nature of life as a disabled person. An important realisation within sociological understandings of disabled people's lives is the rejection of biomedical

understandings of disability and that impairment does not necessarily lead to disability. Sociological theorisations, in their analyses of everyday lives, highlight the role of societal conditions in the construction of lives.

Much research concerned with impairment and disability has been generated with the aim of highlighting the material injustices that face disabled people on an everyday basis (Barnes 2012; Barnes et al. 1999; Oliver 2004; Oliver and Barnes 1998). This research was successful in that this 'thinking ... has had a major impact on policy circles and universities across the world' (Barnes 2012: 12). Whilst the socio-political advances that these interventions have stimulated is undisputed, these largely political advances have done little to disturb the 'powerful ideologies' (Siebers 2008: 8) that dominate institutions such as rehabilitation units and indeed all healthcare provision within society (Hamell 2006). Despite this, there are those that do not see value in addressing wider cultural discourses which continue to dominate society. For instance, Colin Barnes (2012: 23) states that:

'Whilst post-modernist accounts reaffirm the importance of the cultural in the process of disablement, they downplay the material reality of disabled people's lives. They provide no meaningful insight into how the problem of institutional disability might be resolved in either policy or politics'

Goodley disagrees with this viewpoint and suggests that opinions that state 'new research is meaningless; that critique is getting in the way of ideas that are already able to be employed' are confusing as this 'can only create a self-referential disability studies that loses touch with the complexity of social, cultural and political life' (Goodley 2013: 77).

Furthermore, whilst writing in support of the use of critique in disability studies, Margrit Shildrick (2012: 31) draws upon the work of Judith Butler to refer to the value of critique. It is suggested that critique is 'really about opening up the possibility of questioning what our assumptions are and somehow encouraging us to live in the anxiety of that questioning without closing it down too quickly' (Shildrick 2012: 31). Put simply, Shildrick is advocating critical thinking and analysing each situation carefully, rather than simply accepting common sense solutions. The social scientific interrogation of disabled people's lives has initiated the development of 'critical disability studies' which have been said to provide a space for developing a contemporary environment for thinking through nuanced theoretical explanations for responses to disability (Goodley 2013).

Critical disability studies represent a careful analysis of the social conditions that sustain disability. Insights from critical social theory are drawn upon, where, rather importantly, it is made clear that society cannot be interpreted without a careful analysis of contemporary responses to injustices such as disability (Meekosha and Shuttleworth 2009). In questioning assumptions, and achieving a sophisticated understanding about what it means to be disabled (or indeed be a person who lives with a long-term illness), members of society can begin to grapple with the overarching discourses that restrict these people's lives. To put it simply, the asking of questions can stimulate sophisticated understandings of the social conditions that sustain injustice, as well as medical dominance, and can permit a greater understanding of contemporary medicine (Bury 2001). I suggest that an analysis of everyday life, considered in conjunction with the work of Deleuze and Guattari and Braidotti is important if the medical dominance of ABI and ABI rehabilitation is to be problematised. Further, following critical theorists such as Shildrick (2012), it seems sensible to

suggest that only when a sound appreciation of the socio-cultural conditions that sustain injustice (such as ill health or disability) is reached, can the more practical, solution-based interventions be introduced. It appears illogical to have one without the other. Society in general benefits from both the interrogation of societal practices, and also the practical interventions which are based on the outcomes of such interrogations. In other words, we need to consistently challenge and ask questions of existing ways of doing things if we want to make them better. Further, it has been noted that the study of disabled people's lives 'provides a space ... where we grapple with the hidden dangers of ideology' (Goodley 2013: 77). When applying this important observation to analyses of ABI, the introduction of critical disability studies marks an important development in the interdisciplinary study of impairment. In a sociological exploration of ABI then, a critical analysis of the everyday experiences of ABI survivors provides an ideal lens for the detailed examination of ABI itself and also of rehabilitation practices.

### **Exploring the lives of ABI survivors: finding a space for critique of everyday activities in rehabilitation**

Critical sociological theories such as those of Deleuze and Guattari (1987/2004) and Braidotti (1991, 2003, 2006, 2011a, 2011b, 2013) highlight the fluidity of life and can promote consideration of the hugely varied and complex nature of disabled people's lives. When such theoretical assertions are applied to the lives of ABI survivors, it would seem that the process of rehabilitation would benefit from an analysis based on the work of Deleuze and Guattari and Braidotti insofar as rehabilitation does not remove the ability for its recipients to lead varied lives. In short, although rehabilitation marks an important checkpoint in ABI survivors' lives, it is a checkpoint rather than the end of that journey. Society would benefit from the insight that the theory of Deleuze and Guattari and Braidotti provide in guiding an understanding that rehabilitation is contextualised within a person's overall life.

It has been observed from within rehabilitation that: '[o]ur professions have rarely stepped outside the literature, theories and assumptions of our world of rehabilitation and healthcare' (Hammell 2006: 13). In other words, rehabilitation professions rarely ask questions of their practice. This is despite calls from within the rehabilitation professions stating the contributions the interdisciplinary study of disability may have for rehabilitation practice (Magasi 2008). The lack of critical approaches and questioning of rehabilitation discourses is highlighted still further by the Canadian Physiotherapist Barbara Gibson, who in a blog post (2013) suggested that:

'...despite some progress, deeply ingrained assumptions about disability as a problem to be fixed still dominate every aspect of rehabilitation' (Gibson 2013).

Rehabilitation professionals have been said to operate within the dominant ideology which clearly sets out what the 'normal' human body *should* look like and what it *should* be able to achieve (Hammell 2006). To the detriment of the work that rehabilitation professionals do, this notion of

'normality' is rarely defined nor explored. An intense focus upon a narrow and inflexible definition of normality has largely contributed to disabled people who are in receipt of rehabilitative services experiencing severe alienation from, and even feeling oppressed by, rehabilitative discourses (French and Swain 2001).

Paying attention to the everyday experiences of individual people who benefit from service provision is important within rehabilitation. I suggest that a rigorous sociological analysis of the lives of ABI survivors is needed. Sociological analyses of everyday lives are important as they transfer thinking around rehabilitation away from 'deeply ingrained assumptions about disability' and instead towards an appreciation of the way that impairment may impact on the day-to-day activities of disabled people. Arguably, simple and largely meaningless descriptions of impairment are transformed into a meaningful exploration of how various impairments are integrated into disabled people's everyday lives. To illustrate my point further, I now provide two examples of specific activities that seem to have become essential in contemporary everyday life, namely walking and independence.

### **Walking**

It has been observed that walking is one of the most effective examples of a taken-for-granted 'good' in rehabilitation (Gibson 2013). The idea of walking being the absolute pinnacle of mobility is an example of how the process of rehabilitation has been consumed into wider societal discourses (Gibson et al. 2010). It was observed by the disabled activist and academic Mike Oliver (1993) that walking is the quintessential example of where ideology shapes and informs how people in a position of power impose taken-for-granted, assumed 'truths' or how things *should* be, on the lives of the less powerful. Oliver continues:

'The exercise of power involves the identification and pursuit of goals chosen by the powerful and these goals are shaped by an ideology of normality which, like most ideologies, goes unrecognised, often by professionals and their victims alike' (Oliver 1993: 14).

Much of the problem with rehabilitation service provision lies within the wider medical ideologies which guide their practice. For instance, rehabilitation professionals are often given the task of 'fixing' 'deficient' body parts (Gibson and Teachman 2012; Hammell 2006). Thus, the whole profession is directed by the assumption that 'normality' is best. Within rehabilitation discourses any given impairment is measured by a comparison to the *normal* functioning human body. This prevailing obsession with achieving *normality* inevitably associates impairment with 'lack' or failure. Little or no attention is paid to appreciating how impairment is contextualised into a person's whole life, and indeed the extent to which the impairment is integrated into a person's daily activities. I suggest that the critical analysis of everyday experiences should be a crucial element of rehabilitation practice.

Walking is an example of an under-theorised and taken-for-granted 'correct' way of mobilising (Bezmez 2016). The 'normality' of walking is decided with no appreciation of the daily activities of individual people, thus externally imposing an ideology of how things *should* be. It is

particularly pertinent to this paper that the everyday details of people's lives are not investigated in this determination of what the human body *should* be able to do.

### ***Independence***

The achievement of independence is another example of how the prevailing ideologies of society have impinged upon the practice of rehabilitation professionals. Critically interrogating what is meant by the term 'independence' is somewhat difficult, not least due to the way that disabled activists have fought for the rights of disabled people to be recognised through ventures such as the Independent Living Movement (Elder-Woodward 2013; Evans 2002; Power 2013).

However, when concerning rehabilitation, the strive for independence is caught up, once again, with the prevailing medical discourse that suggests impairments are simply bodily malfunctions that need to be fixed. Impairment is seen as a departure away from the self-sufficient, *normal* body and is therefore seen as a failure to conform to this standard of normality. Close attention needs to be paid to the word independence within rehabilitation settings. At present, independence is considered an important gauge of rehabilitation and thus is often quantified through outcomes such as the functional independence measure (FIM) (Cournan 2011; Linacre et al. 1994). The word independence within rehabilitation settings refers to notions of the self-sufficient, autonomous individual (Gibson et al. 2012). As a direct result of this, it has been observed that:

‘...nondisabled people's dependencies are not as readily recognised because they are banal instead of extraordinary, but they still open and close possibilities and actions (Gibson, et al. 2012: 1897).

The way that nondisabled people's dependencies are 'not as readily recognised' is interesting, as it is implicitly suggested that nondisabled people do indeed have dependencies. If nondisabled people do not conform to the standards of independence, then the whole idea of the self-sufficient, autonomous, *independent* human being that rehabilitation strives for may need to be rethought. This need to unpack what we mean by the word is made even more pertinent during the current historical moment has been described as one of 'post-humanity', where technological advances are urging thought surrounding what constitutes the human body (Braidotti 2013). For instance, many people depend on technological devices that transport them between places in their lives. However, the lives of these people are not interrogated and their lack of self-sufficiency and independence is not considered pathological. Therefore, it appears strange and perhaps even unjust that disabled people and recipients of rehabilitation are measured by their achievement- or lack of- independence. Nevertheless, despite the confusing nature of the word, there is much evidence to suggest that independence and striving for independence have in the past dominated- and continue to dominate- rehabilitation strategies (Barnes 2003).

**What would sociological analyses of ABI survivors' experiences look like?**

The demystification of lived experiences has important implications for the provision of health care services for disabled people. Exploration of disabled people’s lives has been said to provide the ideal situation to initiate ‘transformative change’ (Meekosha et al. 2013). A sociological analysis of the everyday details of disabled people can offer a progressive view of disability. When applied to the lives of ABI survivors, this positive view of disability conceptualises the lives of ABI survivors not as ‘broken’ or in need of ‘fixing’. Instead, the lives of ABI survivors are seen as fluid and progressive and not judged by their deviation from the non-impaired ‘normal’ body. The sociological analysis of ABI is provided as an example of how a positive vision of disability can flourish.

The sociological analysis of ABI encourages a focus on the institutional practice of rehabilitation and initiates discussions regarding the way various approaches to rehabilitation are decided and how this practice may be changed. This takes away the focus on unproductive, brute descriptions of impairment which highlight what is ‘abnormal’ and ‘wrong’ with ABI survivors. Sociological analyses prompt questions to be asked of medically driven practices such as rehabilitation. A sociological analysis of ABI offers a sophisticated understanding of both ABI and ABI rehabilitation; one which highlights the way dominant discourses in society are reproduced within societies’ institutions. A sociological analysis of ABI highlights societal responses to impairment rather than impairment itself, stimulating an understanding of disability and impairment which is strangely absent from much literature.

Table 1 below outlines dominant and ‘normal’ ways of performing tasks in society and how this societal belief impacts upon current rehabilitation practices. The final two columns of the table describe how various issues would be considered under a critical sociological perspective and the role that such theory plays in ‘thinking otherwise’.

**Table 1 Issues in ABI rehabilitation**

<b>Clinical issue</b>	<b>Societies taken-for-granted ‘truths’</b>	<b>Current rehabilitation practice</b>	<b>Critical sociological perspective</b>	<b>Long-term social perspective on rehabilitation practice</b>
Mobilising	The ability to walk independently is the preferred way to mobilise	Aim towards walking independently	Why is walking better than other ways of mobilising? Is walking necessary in the person’s life?	What are people’s experiences of mobilisation?
Living independently	The ability to live life independently is important	Aim towards the ability to perform tasks independently	Who is totally independent from other people and objects?	What are people’s experiences of the ‘reality’ of independence?
What is the purpose of rehabilitation after	The ability to lead a ‘normal’ life is important	Aim towards achieving ‘normal’ ways of	What is ‘normal’? Why is	What are people’s experiences

ABI?		walking, talking, thinking etc.	achieving 'normality' important?	concerning the importance of 'normal' ways of being?
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### Using sociological theory to move towards an affirmative conceptualisation of life after ABI

It has been argued that explorations of disabled people's lives, are to be enacted in an affirmative manner which demonstrates the positive as well as the negative 'melancholic' aspects of those lives (Roets and Braidotti 2012). This call has been said to constitute 'an appeal for a re-conceptualisation of the nature of the impaired body as always in process, always in becoming' (Roets and Braidotti 2012: 16).

It has been almost two decades since it was suggested that an affirmative conceptualisation of disability would be useful (Swain and French 2000). This was, in essence, a call for a non-tragic view of disability and one which was grounded in the lived experience of disability. Due to the rising dominance of the socio-political recognition of disability and impairment, the original affirmation model described in Swain and French's paper lacked a robust theoretical base. With regard to disability, the contemporary social landscape has been suggested as one in where there is a need for complex and nuanced theoretical responses to living life as a disabled person (Goodley 2013b). Following this assertion, I suggest that the use of critical theory to aid analyses of ABI survivors' experiences can add theoretical punch to French and Swain's (2000) assertions in finding space for the renewal of an affirmative conceptualisation of disability and impairment. Crucially, however, this is a theorisation that remains grounded in the lived experience of disability and impairment.

I suggest that the use of critical social theory alongside the lived experience of ABI survivors, highlights the potential for an affirmative conceptualisation of disability within contemporary critical disability studies.

### Conclusions

This paper has suggested that sociological analyses of the everyday activities of ABI survivors are important. Analyses of everyday experience have the ability to stimulate ground-breaking theories of ill health and disability. Analyses of everyday experience of ABI survivors can stimulate serious consideration of a new affirmative approach to disabled people's lives that have been previously viewed as broken and in need of fixing. Sociological theorisations of daily details permit a critical analysis of societal responses to impairment and ill health, together with providing an ideal space to critique the workings of institutions such as rehabilitation units. Analysing accounts of ABI survivors according to the work of Deleuze and Guattari and Braidotti is important as viewing life as a fluid and ever-changing phenomenon enables ABI and ABI rehabilitation to be contextualised as simply a period in life. My positioning as a trainee clinician, turned ABI survivor and researcher serves me well in enacting a critical exploration of the construction of brain injury survivors' experiences. This paper

has investigated advantages of the incorporation of critical thinking into both the lives and experiences of research participants and into the process of rehabilitation. It has been widely observed that the process of rehabilitation relies upon under-theorised and, at times, taken-for-granted assumptions regarding impairment. These assumptions often replace a wider investigation of how impairment may be integrated into a person's life. When the everyday experiences of rehabilitation recipients such as ABI survivors are engaged with, the dominant discourses that underpin institutions such as rehabilitation units are cast aside, leaving space for critical interrogation. The gathering of everyday experiences can inform a sophisticated understanding of the lives of brain injury survivors and rehabilitation practice. Such an approach has been strangely absent from previous research. There is much to be gained, both societally and institutionally, from a close engagement with the everyday (seemingly mundane) activities of disabled people such as ABI survivors.

**Conflicts of interest**

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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